

**Department of Children and Family Services // Emergency Preparedness – Disaster Operations**
**FORMAL REQUEST FOR EXEMPTION**

Name:	Job Title:
DCFS Divisions: <input type="checkbox"/> Executive <input type="checkbox"/> Management & Finance <input type="checkbox"/> Programs <input type="checkbox"/> Operations <input type="checkbox"/> CW <input type="checkbox"/> ES <input type="checkbox"/> CSE <input type="checkbox"/> Admin	Office (State Office Section, Regional, Parish):

City in which you reside:        // Parish:

City in which you work:        // Parish:

You may be granted a limited exemption based on the particular situation.

I am requesting exemption from the requirements of the Department of Children and Family Services [Emergency Preparedness Policy 1-2](#), which provides that all DCFS employees are subject to work any disaster-related and DSNAP assignment in any assigned location throughout the state and/or on assigned emergency/disaster operations tasks for several consecutive days including Saturday and Sundays in the event of an emergency or disaster requiring the evacuation of citizens or DSNAP operations. I understand that the emergency functions of mass care, housing, and human services have been assigned to the Department of Children and Family Services by [Executive Order JBE 16-20](#) and that all DCFS employees are subject to work disaster-related and DSNAP assignment unless there is good cause for exemption. My reason for requesting exemption from assignment is as follows:

.....

The questions listed below **MUST** be answered completely unless you have provided an attached medical exemption request (EJ-1) form completed by your physician.

☐ EJ-1 attached

If your reason for requesting exemption from disaster duty centers around your obligation to provide for the safety of your immediate family member(s) who cannot provide for themselves and the resources you regularly rely on would not be available in the city/parish in which you work or live during an emergency/disaster, then, could you work disaster-related duty if your city/parish was not seriously affected by the emergency/disaster?

Yes ☐ No ☐ If no, explain why:

**DSNAP** is a post-disaster operation. Can you work DSNAP duty that requires you to travel and stay overnight for several consecutive days? Yes ☐ No ☐ If no, explain:

Can you work **DSNAP** duty if it does not require you to be away from home at night? Yes ☐ No ☐  
If no, explain:

I understand that the information I have provided requesting an exemption is subject to verification by DCFS. I understand that if I am granted an exemption, I am responsible for reporting changes in my situation to my supervisor for forwarding to Human Resources for a reevaluation of my exemption status. The information I have given is true and correct to the best of my knowledge.

Employee Signature:

Date:

**DETERMINATION** (FOR DCFS HUMAN RESOURCES SECTION USE ONLY)

- ☐ Disapproved ☐ Approved through \_\_\_\_\_ ☐ Approved only for 36 hours before or after disaster
- ☐ Approved only for Shelter/Evacuation related duties through \_\_\_\_\_
- ☐ Approved outside region/parish only through \_\_\_\_\_

Signature:

Title:

Date: